

PDSA TOOLKIT

DECEMBER 2013

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AA&E Decision Tree



Check when complete, then proceed.

Is Supply \geq Demand

*Downloadable from Resources

☐ YES

NO

☐ Have you reduced your backlog?

YES

☐ NO - Refer to Backlog Reduction Strategies*

Refer to Scheduling Strategies*

☐ Backlog Reduced

EFFICIENCY STRATEGIES

To balance supply/demand of non-appointment work

- ☐ Synchronize patients, providers, information, rooms and equipment
- ☐ Anticipate and predict patient needs
- ☐ Optimize rooms, staff and equipment
- ☐ Manage constraints
- ☐ Eliminate waste

Routinely measure TNA and continuity to measure balance

Balance by reducing demand for visits and/or increasing supply

ACCESS STRATEGIES

- ☐ Optimize care team
- ☐ Develop a care delivery
- ☐ Promote continuity
- ☐ Challenge extend intervals
- ☐ Max-pack appointments
- ☐ Remove unnecessary work
- ☐ Use group visits
- ☐ Use technology
- ☐ Encourage patient engagement, self-management
- ☐ Use alternate method of service delivery
- ☐ Reduce no shows

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☐ Have you reduced your backlog?
Refer to backlog reduction strategies*

☐ Refer to Scheduling Strategies*

Impact/Effort Decision Making Grid

The Impact/Effort Decision making grid is a tool that can be used to assist your team in deciding which areas of improvement to work on. The grid can help to categorize your quality improvement “to-do” list focusing on impact for your practice and the amount of work needed to achieve your outcome.

		Effort	
		Difficult to Do	Easy to Do
Impact	Major Improvement/Benefit	3.	1.
	Minor Improvement/Benefit	4.	2.

Steps:

1. In a group brainstorm ideas of quality improvement projects. Both individual and group ideas should be placed on a list. To start discussions ask the question “what do we want accomplish?”. Encourage all to participate and list all suggestions.
2. Ensure the group all has the same understanding of what is meant by ‘easy to do’, ‘difficult to do’, ‘small improvement/benefit’, and ‘big improvement/benefit’.
3. Discuss the items on your quality improvement list and place each in one of the four boxes. All items are eventually classified as being:
 - 1) Easy to do and yields a big improvement
 - 2) Easy to do but yields a small improvement
 - 3) Difficult to do but yields a big improvement
 - 4) Difficult to do but yields a small improvement
4. Review the completed Impact/Effort Grid and where your improvement ideas are categorized. The results can assist you on your improvement action plan.
 - Category 1 items are implemented immediately (low hanging fruit)
 - Category 2 items are also implemented immediately (Quick hits)
 - Category 3 items are the subject of detailed action planning (Worth the work)
 - Category 4 items are discarded. (Don’t bother)

Hint: Post your chart on the wall so the entire team can see and be involved.

Source: *Facilitating with Ease, Ingrid Bens, Participative Dynamics, 1997*

PDSA: Plan-Do-Study-Act

TOOL

Test Topic:

Cycle #:

Date:

PLAN

The purpose of this cycle is to: ☐ Develop ☐ Test ☐ Implement

What questions do you want to answer?

What are your predictions?

Plan to collect data to answer your questions:

What data will be collected?

How?
(checklist, chart audit)

Who?
(name or role)

When?
(times, dates –
be specific)

Where?
(unit, area, charts)

List tasks necessary to set up test:

What?
(specific task)

How?
(checklist, chart audit)

Who?
(name or role)

When?
(times, dates –
be specific)

Where?
(unit, area, –
be specific)

PDSA: Plan-Do-Study-Act

TOOL

DO

What did you observe during the test? Were there any unexpected observations?

STUDY

Analyze your data and describe the results. How do the results compare with your predictions?
What did you learn from this cycle?

ACT

Are you ready to implement?

- ☐ Yes (I am confident that there is measured improvement, changes have been tested under different conditions and questions answered.)
- ☐ No (I have more questions, need to make adjustments and test again, OR risks outweigh benefits – new idea required.)

What is your plan for the next cycle?

Team: _____

6.3 Package of Change Concepts (cont.)

CHANGE CONCEPTS FOR IMPROVEMENTS TO ADVANCED ACCESS^{2,3}

CONCEPT	CHANGE IDEAS
Understand and balance supply and demand Understanding the patterns of both demand and supply on a weekly, monthly or seasonal basis lets you focus your efforts on shaping demand to match supply and/or increasing (or decreasing) supply during periods of high (or low) demand. The foundation of improved access scheduling is matching the supply and demand on a daily, weekly and long-term basis.	<ul style="list-style-type: none"> • Use the panel size equation to determine the annual supply and demand for each provider • Measure demand for all appointments by provider and day • Measure supply of appointments by provider and day • Measure activity (number of appointments used) by provider and day • Develop a plan for redistributing workload as needed • Develop a plan to monitor provider patient loads monthly • Identify the number of providers and appointments needed to meet daily demand • Adjust provider/staffing hours to match demand pattern • Manage variation in demand (e.g., guide pre-booked appointments to days when you tend to have more supply than demand) • Make sure to “do today’s work today” after eliminating backlog • Develop a plan to continuously measure supply and demand for appointments • Use regular huddles and staff meetings to organize the day and to optimize team communication
Increase the supply of visits Increasing the supply of visits helps to balance patient demand, and can be accomplished in ways other than providers working more hours.	<ul style="list-style-type: none"> • Maximize provider and staff schedules • Optimize the care team — ensure all team members are functioning to their highest level of certification/licensure to maximize response to patient needs • Remove unnecessary appointment work from providers. Make sure providers have time to do “provider work” that only they can do • Look for appointments that could be managed by non-providers • Identify and manage the constraint. Use guidelines and protocols for treatment of simple, common conditions • Group visits and/or shared medical appointments • Use technology, including EHRs/EMRs, e-mail, telephone and patient portals • Encourage patient engagement and self-management
Decrease the demand for visits Reducing the level of demand makes it easier for the system to absorb current and future levels of demand.	<ul style="list-style-type: none"> • Max-pack and reset the schedule • Challenge/extend return-appointment intervals • Promote continuity (match patient with his/her provider for each visit) • Develop a plan to reduce no shows • Develop alternatives to face-to-face interactions — group visits, e-mails, telephone and care management • Promote patient self-management • Review future schedules to ascertain if patients could be managed differently • Make the visit more effective by utilizing other team members • Maximize the efficiency of each visit

2. Ontario Health Quality Council (March 2009). Quality Improvement Guide — Module 1: Access. Toronto. Available at: http://www.hqontario.ca/en/qi_teams.php.

3. Institute for Healthcare Improvement. Improving Primary Care Access. Available at: <http://www.ihi.org/knowledge/Pages/Changes/MeasureandUnderstandSupplyandDemand.aspx>.

6.3 Package of Change Concepts (cont.)

CHANGE CONCEPTS FOR IMPROVEMENTS TO ADVANCED ACCESS (cont.)

CONCEPT	CHANGE IDEAS
Reduce appointment types and times Complex schedules with many appointment types, times and restrictions can actually increase the total delay in the system, because each appointment type and time creates its own differential delay and queue. Reducing the complexity ultimately decreases system delays.	<ul style="list-style-type: none"> • Standardize appointment types and lengths • Reduce and use only a small number of types and lengths of appointments • Identify appointment types with specific needs, such as specific staff or rooms, or those that need more time • Create a plan to merge/accommodate appointments that will take longer • Educate staff on booking to the provider, not to the first open space on the schedule • Adjust the schedule to match the reality of the provider's pace (truth in scheduling)
Reduce backlog Backlog consists of appointments on the future schedule that have been put off because of lack of space on the schedule to do the work sooner; working down the backlog recalibrates the system to improve access.	<ul style="list-style-type: none"> • Measure backlog • Distinguish between good and bad backlog • Develop a plan to reduce the bad backlog (e.g., add additional appointments temporarily) • Develop a communication plan • Set beginning and end dates • Plan for staffing support • Develop plans for any additional needs while reducing backlog • Display wait-time data • Protect providers with short wait times — don't fill their schedules up with others' work
Develop contingency plans The natural variation in supply and demand that occurs as part of the everyday functioning of a practice often creates problems that contingency plans can address.	<ul style="list-style-type: none"> • Review supply and demand patterns to determine the causes of variation • Develop proactive contingency plans to cover demand variances, such as vacations, immunization seasons, school physicals, hospital admissions, clinic visits that take longer than expected, etc. • Develop a plan to cover the extra work of providers due to both expected and unexpected reasons • Set follow-up appointments towards the end of the week, and early in the day • Develop time-off policies • Smooth appointment flow • Review bookable hours • Identify an end-of-day "cut-off" time (which is not based on "full") • Develop plans for working with mid-level providers • Develop scripts for common occurrences — late patients, appointment scheduling, patients without a primary care provider, etc. • Use appointment reminders

Section 1

Section 2

Section 3

Section 4

Section 5

Section 6
Appendix

6.3 Package of Change Concepts (cont.)

CHANGE CONCEPTS FOR IMPROVEMENTS TO OFFICE EFFICIENCY^{4,5}

CONCEPT	CHANGE IDEAS
Balance supply of and demand for non-appointment work Understanding the patterns of demand and supply at the appointment level will allow you to focus efforts on reshaping and rebalancing this system to match the work.	<ul style="list-style-type: none"> • Process-map the patient/client journey across the office. Do a clinic walk-around with observations • Measure cycle/lead times • Begin a care team workload analysis • Study and predict daily demand for non-appointment work • Match the demand to the correct resource • Study and understand your support staff supply • Separate responsibilities for phone, patient flow and paper flow • Map out specific support processes and improve them (e.g., processes for messages and communication, prescription refills) • Develop a philosophy of doing this moment's work this moment
Synchronize patient, provider, information, room and equipment Analyzing and addressing the factors that contribute to delays at an appointment will allow for the planning and testing of improvements.	<ul style="list-style-type: none"> • Start morning, afternoon and evening sessions on time • Develop a script for patient/client arrival and scheduled-with-provider times • Register patients/clients by telephone • Do an interruption study and limit interruptions, especially for providers • Use health prompts to anticipate the full potential of today's need • Use a "chart check" to ensure that all information is correct • Develop mechanisms to keep rooms open • Do a minutes-behind graph • Institute a 15-second rule for asking providers a question between appointments • Use scheduled pauses to apply continuous flow approach to non-appointment activities (e.g., return phone calls) • Use huddles to communicate across providers and staff throughout the day
Anticipate and predict patient needs Communication is critical to allowing the team to operate effectively in anticipating and addressing patient/client needs.	<ul style="list-style-type: none"> • Plan and prepare for the patient visit • Obtain and organize all information, equipment and supplies before the patient/provider interaction (e.g., test results in the patient chart, supplies for physicals in the exam room) • Create a reminder system for planned care • Develop a plan for late patients/clients • Develop a plan for late providers • Plan for procedures and other "unusual" appointments • Plan for expected and unexpected interruptions in flow • Do as much as possible with standard protocol • Develop a plan for scheduled team meetings both monthly and weekly • Communicate among the care delivery team throughout the day using huddles, technology, etc.

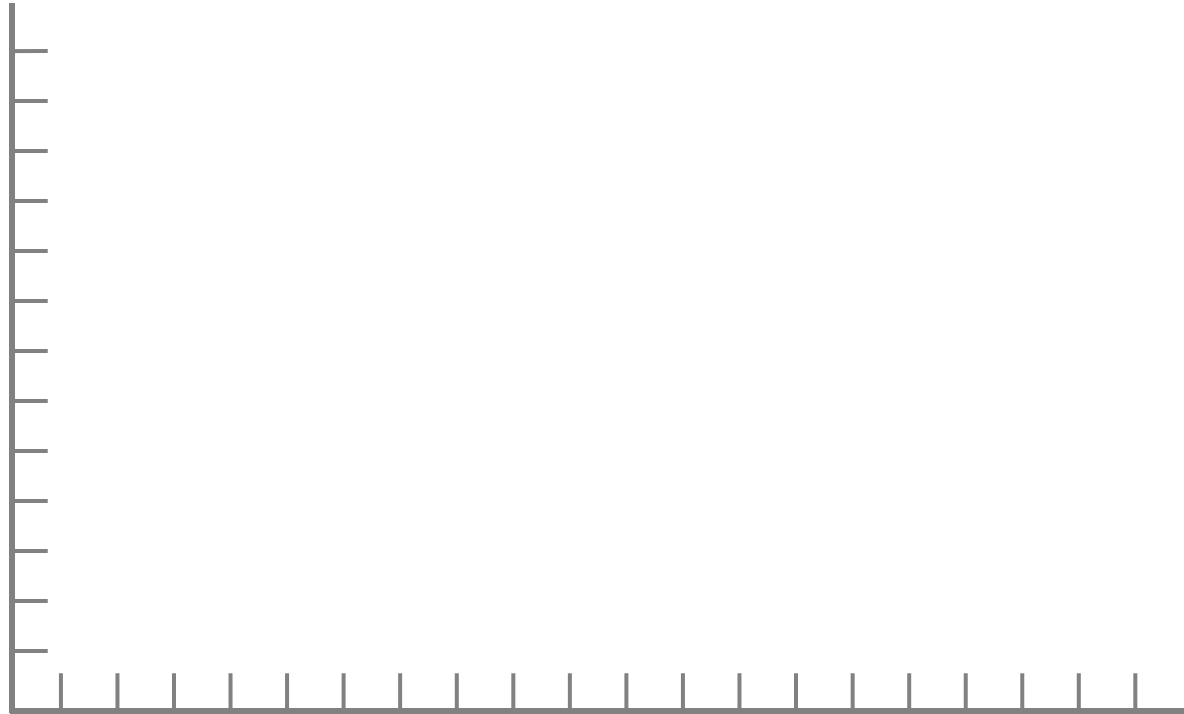
4. Ontario Health Quality Council (March 2009). Quality Improvement Guide – Module 2: Efficiency. Toronto. Available at: http://www.hqontario.ca/en/qi_teams.php.

5. Institute for Healthcare Improvement. Improving Primary Care Access. Available at: <http://www.ihl.org/knowledge/Pages/Changes/MeasureandUnderstandSupplyandDemand.aspx>

6.3 Package of Change Concepts (cont.)

CHANGE CONCEPTS FOR IMPROVEMENTS TO OFFICE EFFICIENCY (cont.)

CONCEPT	CHANGE IDEAS
Optimize rooms, staff and equipment Set the team up for success by managing the environment to promote optimal team performance.	<ul style="list-style-type: none"> • Use open rooming to maximize flexibility • Standardize rooms • Standardize equipment and supplies • Keep rooms fully stocked at all times (e.g., insert a reminder form near the back of the pile of forms so that the clerk sees that the form has been taken out and knows to restock) • Use standard layouts/supplies • Develop signals for equipment • For limited equipment, develop plans to know the location of equipment at all times • Complete a care team workload analysis • Co-locate staff and equipment if possible • Cross-train staff
Manage constraints We can only go as fast as the slowest step, and we want that slowest step to be the natural pace of the provider/patient interaction. If the constraint is elsewhere, it is reducing efficiency.	<ul style="list-style-type: none"> • Identify the constraint (person or process) • Drive unnecessary work away from the constraint • Define all roles and responsibilities • Reallocate work to the appropriate level of skill, expertise and licensure • Reassess forms for ease of completion (check-off boxes, etc.) • Process-map all provider support processes and look for leverage opportunities • Use automation and technology • Move steps in the system closer together • Use continuous flow to avoid batching
Eliminate waste Identify steps and activities that do not provide value and seek efficiency to reduce or eliminate them.	<ul style="list-style-type: none"> • From process maps, seek to identify and eliminate non-value steps • Use the eight forms of waste to trigger ideas for testing changes (overproduction, waiting, transportation, over-processing, inventory, motion, defects and human potential) • Use LEAN fundamentals to focus on patient/client needs and have the flow driven by patient/client, not by the provider's perspective



Access Strategies: Tips

Ideas to test:

Extend Visit intervals:

- Extend follow up visit intervals from 4 to 6 weeks or from 3 to 4 months
- Include RN follow ups
- Synchronize and extend prescription renewals to next visit

Max Pack Appointments:

- Try to reduce follow up visits by addressing all concerns as reasonable in one visit
- Include other team members in visits as appropriate

Remove unnecessary work from Provider

- Ensure that everyone is practicing to their full scope
- RN to call patients with abnormal lab results
- Implement RN injection visits

Use group visits

- Explore using group intakes
- Implement group visits for Chronic Diseases

Use Technology

- Use EMR to its fullest capacity
- Standardize flow sheets
- Create templates

Encourage patient engagement and self-management

- Review future schedules to determine if patient can be managed differently
- Encourage patients to prepare for visits and set goals for their health

Use alternate method of service delivery

- Can some patient visits be replaced with phone calls, group visits, or nurse lead clinics

Reduce No-shows

- Identify patients that frequently do not show for appointments and give them reminder calls.
- Have patients call to book appointments and offer on the day or next day.

Efficiency Strategies: Tips
Ideas to test:

Balance Supply and demand of non-appointment work:

- Create process for prescription renewals
- Study and understand your support team supply
- Adjust your schedule to ensure time for administrative tasks

Synchronize patients, providers, information, rooms and equipment:

- Start on time Stay on time
- Synchronize RN schedule to support as needed
- Use huddles to plan for the day

Anticipate and Predict Patients Needs:

- Predict no-shows and plan for late arrivals
- Implement Huddles to communicate throughout the day
- Max pack with the assistance of your team if possible

Optimize rooms, staff and equipment:

- Ensure the team practices at full scope: RN completes well baby visits, RPN does flu shots,
- Standardize clinic rooms
- Ensure appropriate equipment and supplies are available before the visit

Manage constraints:

- Reallocate work to the appropriate level
- Define roles and responsibilities and ensure everyone is working to their full scope.
- Determine the constraint and work to minimize it.

Eliminate waste:

- Look ahead in the scheduler to reduce unnecessary appointments,
- Reduce redundancy in information collection, office practices and patient care.

Scheduling Strategies to Support Advanced Access and Efficiency in Primary Care

Front desk staff has a crucial role to play in a successful Advanced Access environment and using the following strategies will help.

Strategy	Tips
Offer Appointment on Day of Choice: <ul style="list-style-type: none"> Patients should be able to book an appointment for today, or the day of their choice, at the time that they call When we ask people to phone back, we create a process called "Access by Denial". This deflects demand and creates additional waits and delay in the system 	<p>Do not ask patients to call back for an appointment, or limit their ability to pre-book an appointment.</p> <p>Move away from a system where patients need to plead their case to be seen. Aim to offer an appointment for today with the patient's provider, regardless of the reason for the visit. The first question the scheduler asks is not what is your medical problem? But who is your primary care provider?</p> <p>Use a reminder system to prompt appointment scheduling closer to the time of the appointment for patients who require an appointment that is longer than three to four months out, for physiological or other reasons.</p>
Strategic Scheduling <ul style="list-style-type: none"> Offer same day appointments Schedule pre-booked appointments later in the week and earlier in the day - determined by supply/demand (book early, book late) Guide patient to open slots you want to fill first 	<p>Track demand data to understand the pattern of appointment requests (daily and weekly demand) and where to guide pre-booked appointments.</p> <p>Schedule pre-booked appointment first thing in the morning.</p> <p>Fill morning appointments before offering afternoon appointments.</p> <p>If late in the afternoon and same day appointments are filled, it is an option to offer an appointment tomorrow. Do not tell the patient to call back (access by denial).</p>
Managing vs. Guarding <ul style="list-style-type: none"> Do today's work today. Protecting appointments creates backlog Route patients to the appropriate provider Try looking at weekly schedule vs. daily schedule Know your patients 	<p>Do not hold appointments because you feel something more urgent will come up. Knowing your daily demand will assist in these circumstances.</p> <p>Is it necessary for the patient to see the physician or is it appropriate that they be seen by someone else on the care team?</p> <p>Review the weekly schedule to give you a view of what is to come. Is there anything you can move forward (e.g.: for a cancelled physical you can have the option to use for a same day appointment or bring another appointment forward).</p> <p>e.g.: When a patient who routinely brings family members along calls for an appointment, ask them if they require more than 1 appointment.</p>
Truth in Scheduling <ul style="list-style-type: none"> Data collection is key to understanding the demand and 	<p>Know your daily demand</p> <p>Know what constitutes a long and short appointment</p>

<p>supply of the practice</p> <ul style="list-style-type: none"> • Know your capacity and organize your supply to meet your demand • Reduce appointment types to reduced queues 	<p>Communicate with provider regarding their schedule (e.g. if provider is going to arrive at 9:30, then appointments need to begin at 9:30 not 9:00)</p> <p>Have you allowed sufficient time for the reason for the appointment?</p> <p>Once the patient has been offered an appointment, ask patient the reason for their appointment so you can schedule appropriately</p> <p>Can you max-pack the appointment? (use health prompts/alerts)</p> <p>Commit to measuring your demand (daily/weekly/panel size) at regular intervals. Things change over time and this may be an indication to update your scheduling processes.</p>
<p>Communication Strategies</p> <p>Patients may be surprised and unprepared for a same day appointment when you first get started. Scripting is not used for triage, but rather for routing patients to alternate providers wherever possible.</p>	<p>Use scripting to help schedulers talk with patient about advanced access scheduling. Messages need to be simple and clear.</p> <p>e.g.: <i>Dr. Quality can see you today (tomorrow) at 10:30 or 1:15. Do either of these times work for you?</i></p> <p>e.g.: <i>Dr. Quality is out of the office and will be returning in four days. I can make an appointment for you when the doctor returns.</i></p>
<p>Reduce No Shows</p> <p>When a patient does not show for an appointment or arrives late, the result is lost provider supply</p>	<p>Reduce backlog in the system to avoid booking appointments too far into the future</p> <p>Prompt the patient to call you if unable to keep the appointment. “Your appointment with Dr. X is on Monday June 20th at 1:00pm. You will give us a call if you are unable to keep that appointment won’t you?”</p> <p>Identify the patients who frequently do not show for their appointments and develop strategies to increase likelihood that they will keep their appointment.</p>
<p>Manage Late Arrivals</p> <p>Be prepared for late arrivals and how to manage them. Remember that providers often keep their patients waiting.</p>	<p>Use a signal to let the provider know that a patient is late and have high priority work available for them to do while waiting.</p> <p>When possible work the late patient into the schedule to avoid deflecting demand to the future.</p>
<p>Be Prepared- Planned Prepared Visit</p> <p>Staff at the front desk have a key role to play in contributing to a planned, prepared practice team responding to the needs of the patient at the appointment.</p>	<p>Identify patient needs when booking the appointment and use the daily huddle to prepare the team for the day.</p> <p>Identify opportunities for front desk staff to respond to EMR alerts for preventive screening.</p>

Resources:

HQO Script for Appointing Patients; HQO Advanced Access and Efficiency Workbook; Murray, M. (2005) Answers to your questions about same-day scheduling. *Family Practice Management*. Pg 59-64; HQO Predict the Expected – Contingency plans to manage advanced access scheduling.

Backlog Reduction to Support Advanced Access and Efficiency in Primary Care

Calculate your backlog

Step 1:

Record _____

Number of booked appointments

Good backlog (Number of patients in schedule by choice or physiology) _____

Bad backlog = Line 1 – Line 2 _____

Step 2:

Initial Backlog Reduction: Looking at your remaining bad backlog, identify any appointments that can be:

- Handled by another care team member
- Handled by alternate means (ie/phone, email, other?)
- Multiple appointments that can be combined together
- Appointments that can be seen in shorter time slot

Record _____
 unnecessary appointments, etc.) _____

Initial backlog reduction

Step 3: Record _____ = (Remaining bad backlog) – (number in Step 2)

Backlog = _____

Steps for Reducing Backlog

1. Identify a **start date** and **end date** to work down your backlog. Use the final backlog total to calculate the number of appointments you need to **temporarily** add on a daily/weekly basis
2. Communicate efforts and periodically recheck backlog total to confirm bad backlog number decreasing.

Strategies for Reducing Backlog

1. Challenge and extend return visits
2. Manage follow ups differently (ie/ phone follow ups, seeing the nurse or RD, etc.)
3. Temporarily add supply by:
 1. Shifting admin time to clinic time
 2. Add daily/weekly supply
 3. Increasingly do more of today's work today
4. Be creative

Name of PDSA: _____

Third Next Available: _____ Capture at the same time on the first day of the work week, look ahead in the schedule for the TNA appointment slot and then count the number of days to that appointment.

	Monday	Tuesday	Wednesday	Thursday	Friday
Supply					
Demand					
Activity					
	Comments:	Comments:	Comments:	Comments:	Comments:

***Pre Booked and Open slots can be spread throughout the day in order to meet patient need. Remember, book early/book late for follow-ups**

Supply: Enter the number of appointments available in the schedule. All appointments should be multiples of the short appointment length.

Demand: The number of appointments requested today for any day

Activity: The actual number of short appointment slots used that day. If there are add-ons it can be higher than supply or open appts it will be less than supply.

BLANK: track the data you are measuring in your PDSA

5.4 Huddle Tip Sheet

Ever thought?

- “No one tells me anything?”
- “You just never know what is going to happen around here!”
- “I don’t want to disturb anyone but I am going to have to leave early.”
- “I wonder if the team knows that Mr. Jones has died.”
- “If I only knew that we could have planned better.”

Sound familiar?

Implementing a huddle to your daily routine keeps the team informed, builds team collaboration and allows the team to plan for the unexpected.

What is a huddle?

A huddle is a rapid daily communication meeting. It’s an opportunity to look at: planned work, avoid roadblocks, review schedule changes and plan for patient visits. Planned brief daily communication allows teams to develop a strategy for last minute surprises and proactively plan to match supply and demand for the day.

How can this help my practice?

Daily communication in the form of a huddle reduces surprises, bottlenecks, and interruptions by ensuring that teams are aware of schedules, equipment, and specialty needs of patients, staff shortages, and unexpected events. It’s also a time to be able to share successes and things learned from the previous day.

How do we begin?

- Be collaborative. Discuss the concept with your team.
- Discuss who should be at the huddle meetings.
- Agree to try a huddle daily at a specific time and stick to it.
- Find a location that is convenient, confidential and allows access to information.
- Have a clear set of objectives and make sure the team knows what they are.
- Stand, don’t sit, stay brief and focused, 7 minutes is recommended.
- After a week of huddles check in and see what you need to adjust.
- Develop a Huddle Agenda that should meet the needs of your team.

What do we talk about?

- ☐ Which patients will take extra time and what is our strategy to manage this and reduce delays?
- ☐ How many appointments are available, openings to be filled or chronic no-shows that can be anticipated and pro-active measures can be implemented.
- ☐ What procedures are booked? Are we waiting for results?
- ☐ Who requires pre-orders, forms or protocols?
- ☐ What activities are going on today? E.g. meetings, visitors
- ☐ What messages need to answered/responded to now
- ☐ Have any of the physician’s clinic shifts changed?
- ☐ Are there any conflicts with personnel, space and equipment?
- ☐ Do we need to consider any contingency plans for today or tomorrow?

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Managing vs. Guarding <ul style="list-style-type: none"> Do today's work today. Protecting appointments creates backlog Route patients to the appropriate provider Try looking at weekly schedule vs. daily schedule Know your patients 	<p>Do not hold appointments because you feel something more urgent will come up. Knowing your daily demand will assist in these circumstances.</p> <p>Is it necessary for the patient to see the physician or is it appropriate that they be seen by someone else on the care team?</p> <p>Review the weekly schedule to give you a view of what is to come. Is there anything you can move forward (e.g.: for a cancelled physical you can have the option to use for a same day appointment or bring another appointment forward).</p> <p>e.g.: When a patient who routinely brings family members along calls for an appointment, ask them if they require more than 1 appointment.</p>
Truth in Scheduling <ul style="list-style-type: none"> Data collection is key to understanding the demand and 	<p>Know your daily demand</p> <p>Know what constitutes a long and short appointment</p>

<p>supply of the practice</p> <ul style="list-style-type: none"> • Know your capacity and organize your supply to meet your demand • Reduce appointment types to reduced queues 	<p>Communicate with provider regarding their schedule (e.g. if provider is going to arrive at 9:30, then appointments need to begin at 9:30 not 9:00)</p> <p>Have you allowed sufficient time for the reason for the appointment?</p> <p>Once the patient has been offered an appointment, ask patient the reason for their appointment so you can schedule appropriately</p> <p>Can you max-pack the appointment? (use health prompts/alerts)</p> <p>Commit to measuring your demand (daily/weekly/panel size) at regular intervals. Things change over time and this may be an indication to update your scheduling processes.</p>
<p>Communication Strategies</p> <p>Patients may be surprised and unprepared for a same day appointment when you first get started. Scripting is not used for triage, but rather for routing patients to alternate providers wherever possible.</p>	<p>Use scripting to help schedulers talk with patient about advanced access scheduling. Messages need to be simple and clear.</p> <p>e.g.: <i>Dr. Quality can see you today (tomorrow) at 10:30 or 1:15. Do either of these times work for you?</i></p> <p>e.g.: <i>Dr. Quality is out of the office and will be returning in four days. I can make an appointment for you when the doctor returns.</i></p>
<p>Reduce No Shows</p> <p>When a patient does not show for an appointment or arrives late, the result is lost provider supply</p>	<p>Reduce backlog in the system to avoid booking appointments too far into the future</p> <p>Prompt the patient to call you if unable to keep the appointment. “Your appointment with Dr. X is on Monday June 20th at 1:00pm. You will give us a call if you are unable to keep that appointment won’t you?”</p> <p>Identify the patients who frequently do not show for their appointments and develop strategies to increase likelihood that they will keep their appointment.</p>
<p>Manage Late Arrivals</p> <p>Be prepared for late arrivals and how to manage them. Remember that providers often keep their patients waiting.</p>	<p>Use a signal to let the provider know that a patient is late and have high priority work available for them to do while waiting.</p> <p>When possible work the late patient into the schedule to avoid deflecting demand to the future.</p>
<p>Be Prepared- Planned Prepared Visit</p> <p>Staff at the front desk have a key role to play in contributing to a planned, prepared practice team responding to the needs of the patient at the appointment.</p>	<p>Identify patient needs when booking the appointment and use the daily huddle to prepare the team for the day.</p> <p>Identify opportunities for front desk staff to respond to EMR alerts for preventive screening.</p>

Resources:

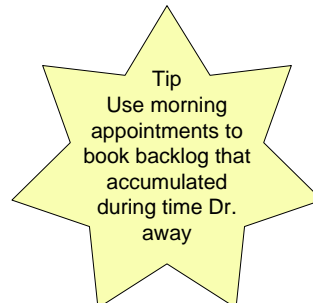
HQO Script for Appointing Patients; HQO Advanced Access and Efficiency Workbook; Murray, M. (2005) Answers to your questions about same-day scheduling. *Family Practice Management*. Pg 59-64; HQO Predict the Expected – Contingency plans to manage advanced access scheduling.

Script for Reception

For Post Vacation Scheduling
 (plan for one week of post vacation scheduling
 for each week of vacation)



Good morning
 Dr. (name) is on
 vacation this week.
 What is the reason
 for your call?



yes

Is the call urgent or
 emergent

no

Is there someone else in
 the office that you would
 like to see?

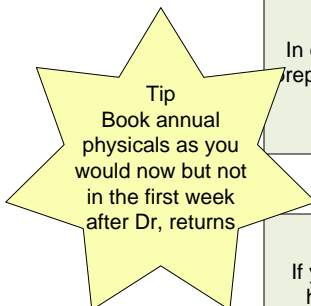
yes

Book appointment
 with alternate care
 provider

Complete the call

If your problem is urgent you
 should go to the emergency
 department.

Complete the call

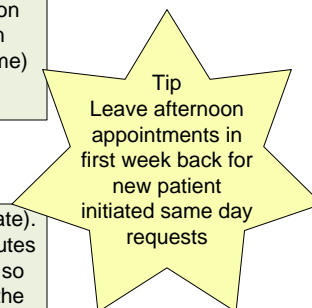
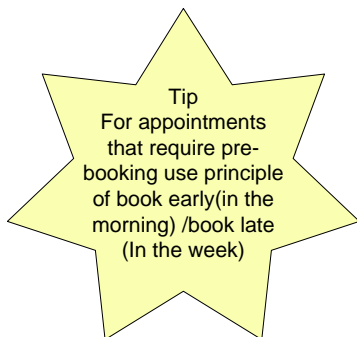


In order for your healthcare team to be
 prepared for your visit can you please tell
 me the reason for your visit?

If you would like to see Dr. (name) on
 her/his return, we can offer you an
 appointment for you on (date) at (time)

Dr. (name) will see you at __ on __ (date).
 Please check in with reception 5 minutes
 before your scheduled appointment so
 the doctor can see you promptly at the
 scheduled time. If you need to cancel
 your appointment please notify us as
 soon as possible so that we can provide
 this time to another patient and we can
 offer you a new appointment time. If you
 do need to cancel your appointment you
 will call us won't you?

Complete the call



Adapted from the work of
 Mark Murray and
 Associates 2009
 with permission



TNA and Continuity Tracking

	Week 1	Week 2	Week 3	Week 4	Week 5
TNA					
Continuity					
Additional Measure ○ %red zone time ○ no shows ○ minutes behind					
	Comments	Comments:	Comments:	Comments:	Comments:

TNA: At the same day and time each week look ahead the the scheduler or EMR for the third next available appointment, then count the number of days to that appointment.

Continuity: % of patients seen by their own provider. Calculate the number of patients seen by Provider X in the past week and then the total number of Provider Xs patients that were seen by other Primary Providers. Some EMR's can calculate this for you

Red Zone Data Collection Sheet

Name of PDSA: _____

	Example	Week 1	Week 2	Week 3	Week 4
Numerator+=Number of minutes/visit spent with the care team (red-zone/value add time for the patient)	25+ 30+ 35+ 25= 125				
Denominator= Number of minutes from the beginning of the scheduled appointment to the time the patient leaves	50+60+ 40+ 55+ 45 250				
X 100 =percentage of red zone time (value add time)	50%				
	5 samples taken in week 1 Patient spent half of the visit time with the provider half of the time waiting.	Comments:	Comments:	Comments:	Comments:

5.2 Primary Healthcare Practice Patient Cycle Time

Type of visit _____ Day _____ Date _____

Scheduled appointment time _____ Provider you are seeing today _____

Time

1. Time you checked in

2. Time you sat in the waiting room

3. Time staff came to get you

4. Time staff member left you in the exam room

5. Time provider came in the room. If the provider left the room more than once, please note the times

1

2

3

Time left

Time returned

Comments

6. Time provider left the room

7. Time you left the room

8. Time you arrived at check out

9. Time you left the practice